



**OREGON STATEWIDE
PAYROLL SERVICES
(OSPS)**
(503) 378-3518 fax
E-mail:
OSPS.Help@oregon.gov

Online Resource Center:
[http://oregon.gov/DAS/
Financial/payroll](http://oregon.gov/DAS/Financial/payroll)

**INSTRUCTIONS TO
EMPLOYEES:**

1. Complete this form online at the web address below.
2. Print and give to your agency payroll office.

Complete and print this form on the Web at:
<http://tinyurl.com/3b4lsg>

**INSTRUCTIONS TO
PAYROLL OFFICES:**

1. Verify all required fields are complete.
2. Complete your agency information below.
3. Send ORIGINAL form to OSPS. **No faxed copies accepted.**

Agency Number _____

Agency Contact (please print) _____

OSPS Use Only
Received Date Stamp

Revised 2/2016
Form No. OSPS.99.22

FORGED CHECK AFFIDAVIT

Do not use this form unless instructed to do so by OSPS.

This legal document states that the check in question has been forged and that the employee did not receive any funds from the payment of the check.

For legibility, complete this form online and print. You may also type the form. **This form must be notarized by a Notary Public.**

I, _____, residing at _____
Name Street Address

City of _____, County of _____, State of _____
City County State

with a ZIP code of _____ being duly sworn, depose and say, that the endorsement of
ZIP Code

a certain check No. _____ dated _____, in favor of _____,
Check Number Check Date Payee

for _____, Dollars (\$ _____), and issued
Dollar Amount of Check (in words) Numeric Amount

by _____ against the OSPS Joint Payroll Account, and
Agency Name

purporting to be endorsed by me, and paid by U.S. Bank on the ____ day of _____,
Day Month

_____, was not authorized or written by me, the affiant, and that such endorsement of
Year

said check is a forgery.

I further state that I have examined a machine copy of the original instrument and have determined beyond any doubt that the signature endorsed thereon in my name is a forgery and I have no knowledge of the endorsement of said check and that no part of the money so paid by U.S. Bank was received by me, directly or indirectly, and that no part of said money was applied to any use or purpose in my behalf. I understand that providing false information in this affidavit may lead to prosecution and penalties as prescribed by law.

Signature of Affiant

Subscribed and sworn to before me this ____ **day of** _____, _____.
Day Month Year

_____, Notary Public in
Signature of Notary

and for the County of _____, State
County

of _____.
State

My commission expires on _____.
Date

(SEAL)

For OSPS Use Only

<input type="checkbox"/> Order redeemed check, make two copies	Sent to Treasury _____ (date / initials)
<input type="checkbox"/> Make two copies of original affidavit	Treasury receipt confirmation _____ (date)

Resolution: Denial _____ (date) Fund Reimbursement _____ (date)